

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

36140

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. 7  
(b) Township..... Primary Registration District No. 7  
(c) City St. Louis, Mo. (d) Street No. Enroute to St. Johns Hospital Registered No. 9717  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ralph William Langenbacher

(a) Residence, No. .... St. NR Pacific, Missouri  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18th, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 6 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Pacific,  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Ralph Langenbacher

14. BIRTHPLACE (CITY OR TOWN) Pacific,  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Grace Schaffer

16. BIRTHPLACE (CITY OR TOWN) Pacific,  
(STATE OR COUNTRY) Missouri

17. INFORMANT Ralph Langenbacher  
(ADDRESS) Pacific, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pacific, Mo. DATE October 19th, 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,  
(ADDRESS) 429 N. Euclid Avenue

20. FILED J. F. Bredeck  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from  
....., 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said  
to have occurred on the date stated above, at 2:30 A.M. m.  
The principal cause of death and related causes of importance were as follows:

Intussusception.

Other contributory causes of importance:  
122 lb

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) W. H. Perry M.D.  
(Address) Deputy Coroner

OCT 19 1937

**STATEMENT BY LICENSED EMBALMER**

I, Albert H. Hoppe, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Albert H. Hoppe*

Licensed Embalmer No. 1861

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**